OMNIHEALTH DIAGNOSTICS

Patient Id:
Accession:
Sample Id:

URINE

Pathogen Detected

Physician Review Recommended

OmniHealth Diagnostics
1840 N GREENVILLE AVE **RICHARDSON, TX 75081**
PHONE: (972) 887 - 3444 **CLIA: 45D2089485**
DIRECTOR: David Mehr MD

Patient Name: TEST PATIENT
Date of Birth: **Sex:**
Patient Address:
Patient Phone:
MRN:

Ordering Clinician: Test Provider
NPI:
Clinician Address:
Clinician Phone:
Submitting Facility:

Date Collected:
Date Received:
Date Reported:
ICD10: N39.0

Antibiotic Allergies: No antibiotic allergies reported.

DETECTED RESULT SUMMARY

UTI			
ANTIBIOTIC RESISTANCE	**RESULT**	**CrT/CT**	**Cutoff Threshold**
ERMB	DETECTED		< 34
TEM	DETECTED		< 34
UTI			
ENTEROCOCCUS FAECALIS	DETECTED		< 34
ESCHERICHIA COLI	DETECTED		< 34
UREAPLASMA UREALYTICUM	DETECTED		< 34

Methodology Statement: Testing is performed using Real-Time PCR assays. The panel detects a wide array of clinical significant bacteria and viruses at an analytical specificity and sensitivity of >99%. An absence of detection does not imply the absence of microorganisms other than those listed nor excludes the possibility that the target sequence is present below the limit of detection. This report should be interpreted in conjunction with other clinical findings for the administration of a specific treatment regime.

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Submitting Facility:

Date Collected:
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Date Reported:
ICD10: N39.0

RESULT SUMMARY

UTI

ANTIBIOTIC RESISTANCE	RESULT	CrT/CT	Cutoff Threshold
AMPC	NOT DETECTED		
CTX-M GROUP 1	NOT DETECTED		
CTX-M GROUP 2	NOT DETECTED		
ERMA	NOT DETECTED		
ERMB	DETECTED		< 34
FEMA	NOT DETECTED		
KPC	NOT DETECTED		
MECA	NOT DETECTED		
MEFA	NOT DETECTED		
NDM	NOT DETECTED		
OXA-48	NOT DETECTED		
QNRA	NOT DETECTED		
QNRB	NOT DETECTED		
SHV	NOT DETECTED		
TEM	DETECTED		< 34
VANCO A	NOT DETECTED		
VANCO B	NOT DETECTED		
VIM/IMP-7	NOT DETECTED		
UTI			
ACINETOBACTER BAUMANNII	NOT DETECTED		
CANDIDA ALBICANS	NOT DETECTED		
CANDIDA AURIS	NOT DETECTED		
CANDIDA GLABRATA	NOT DETECTED		
CANDIDA KRUSEI	NOT DETECTED		
CANDIDA LUSITANIAE	NOT DETECTED		
CANDIDA PARAPSILOSIS	NOT DETECTED		
CANDIDA TROPICALIS	NOT DETECTED		
CITROBACTER FREUNDII	NOT DETECTED		
ENTEROBACTER CLOACAE	NOT DETECTED		
ENTEROCOCCUS FAECALIS	DETECTED		< 34
ENTEROCOCCUS FAECIUM	NOT DETECTED		
ESCHERICHIA COLI	DETECTED		< 34
KLEBSIELLA AEROGENES	NOT DETECTED		
KLEBSIELLA OXYTOCA	NOT DETECTED		
KLEBSIELLA PNEUMONIAE	NOT DETECTED		
MORGANELLA MORGANII	NOT DETECTED		
MYCOPLASMA HOMINIS	NOT DETECTED		
PROTEUS MIRABILIS	NOT DETECTED		
PROTEUS VULGARIS	NOT DETECTED		
PROVIDENCIA STUARTII	NOT DETECTED		
PSEUDOMONAS AERUGINOSA	NOT DETECTED		
SERRATIA MARCESCENS	NOT DETECTED		
STAPHYLOCOCCUS AUREUS	NOT DETECTED		

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Tests results must be interpreted with clinical observations, patient history, epidemiological information and other diagnostic information necessary to determine patient infection status. This test cannot detect other pathogens not tested, and thus cannot rule out infection or coinfection with bacterial or other viral pathogens. Samples must be collected, transported, and stored using appropriate procedures and conditions. Improper collection, transport, or storage of specimens may hinder the ability of the assays to detect the target sequences.

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PHONE: (972) 887 - 3444 **CLIA: 45D2089485**
DIRECTOR: David Mehr MD

Patient Name:	**Ordering Clinician:**		**Date Collected:**
Date of Birth: **Sex:**	**NPI:**		**Date Received:**
Patient Address:	**Clinician Address:**		**Date Reported:**
			ICD10: N39.0
Patient Phone:	**Clinician Phone:**		
MRN:	**Submitting Facility:**		

UTI (Continued)

UTI	RESULT	CrT/CT	Cutoff Threshold
STAPHYLOCOCCUS SAPROPHYTICUS	NOT DETECTED		
STREPTOCOCCUS AGALACTIAE	NOT DETECTED		
UREAPLASMA UREALYTICUM	DETECTED		< 34

Methodology Statement: Testing is performed using Real-Time PCR assays. The panel detects a wide array of clinical significant bacteria and viruses at an analytical specificity and sensitivity of >99%. An absence of detection does not imply the absence of microorganisms other than those listed nor excludes the possibility that the target sequence is present below the limit of detection. This report should be interpreted in conjunction with other clinical findings for the administration of a specific treatment regime.

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OMNIHEALTH DIAGNOSTICS

Name: Test Patient
DOB:
Gender:
Facility:
Provider:
Allergies/Notes:

Panel: UTI
Sample ID:
Collection Date:
Reported Date:

DETECTED PATHOGENS

ESCHERICHIA COLI	**DETECTED -**	*Gram-negative organism(s), may be responsible for UTI.*
ENTEROCOCCUS FAECALIS	**DETECTED -**	*Gram-positive organism, frequent colonizer of genitourinary tract. May cause UTI, more commonly implicating males and patients with recurrent/complicated UTIs (i.e. catheters, immunocompromised, nosocomial infections).*
UREAPLASMA UREALYTICUM	**DETECTED -**	***May be part of normal genital flora**. Associated genitourinary disease may include urethritis, epididymitis, prostatitis, and pregnancy related disorders. Data establishing Ureaplasma spp as an etiologic agent is inconsistent. Treatment may be considered with high organism load or if Ureaplasma spp is the sole organism detected. Treatment options include doxycycline, azithromycin, and levofloxacin.*

DETECTED RESISTANCE GENES

ERMB	**DETECTED -**	*Confers resistance to macrolides, linacosamides (clindamycin), and streptogramins. Expressed primarily by gram-positive organisms.*
TEM	**DETECTED -**	*Extended Spectrum Beta-lactamase (ESBL): Confers resistance to penicillins, penicillin-BLI combinations, most cephalosporins, aztreonam. Expressed only by select gram-negative organisms.*

PHARMD TREATMENT CONSIDERATIONS

Regimens based on organisms most likely to be pathogenic. Microbial load considered when available.

Medication	Dose/Duration	Renal Adjustment	Considerations
Fosfomycin (Monurol)	**Cystitis:** 3 g PO x 1 dose (x 3 doses every 48-72 hrs for complicated cystitis) **Pyelonephritis:** Avoid use	None	**Coverage for: ESCHERICHIA COLI, ENTEROCOCCUS FAECALIS** • $31-51 for treatment course † • May repeat dosing every 48-72 hrs up to a total of 1-3 doses
OR			
Nitrofurantoin (Macrobid)	**Cystitis:** 100 mg PO BID x 5 d (7 d for complicated cystitis) **Pyelonephritis:** Avoid use	Avoid use in pts with CrCl < 30 mL/min	**Coverage for: ESCHERICHIA COLI*, ENTEROCOCCUS FAECALIS** • $16-21 for 7 day course †
OR			
TMP/SMX (Bactrim, Septra)	**Cystitis:** 160/800 mg PO BID x 3 d (7 d for complicated cystitis) **Pyelonephritis:** 160/800 mg PO BID x 10-14 d	CrCl 15-30 mL/min: 80/400 mg PO BID CrCl < 15 mL/min: Use not recommended	**Coverage for: ESCHERICHIA COLI*** • $15-28 for 7 day course † • May cause hyperkalemia (caution with ACEi, ARBs, ARAs) • Avoid in sulfa allergy
OR			
Levofloxacin (Levaquin)	**Cystitis:** 250-500 mg PO daily x 3 d (5-7 d for complicated cystitis) **Pyelonephritis:** 750 mg PO daily x 7-10 d	CrCl < 50 mL/min: 500-750 mg every other day, no adjustment for necessary for 250 mg dose	**Coverage for: ESCHERICHIA COLI*, ENTEROCOCCUS FAECALIS** • $10-23 for 5 day course † • FQ class-wide warnings include: CNS toxicity, peripheral neuropathy, myasthenia gravis, aortic dissection, tendinopathy, QT interval prolongation, C.difficile colitis

* Displays variable activity vs pathogen
† Based on available online coupons

Resistance Genes

SHV, TEM, CTX-M (ESBLs) confer resistance to penicillins, penicillin-BLI combinations, most cephalosporins, and aztreonam. Fosfomycin displays positive activity (+) vs ESBL-producing E. Coli and Klebsiella spp. Nitrofurantoin, TMP/SMX, and fluoroquinolones display variable activity (±) and may be considered for mild disease (e.g. uncomplicated cystitis). Treatment with carbapenems (e.g. ertapenem) may be warranted for moderate-severe disease (cUTI, pyelonephritis).

Additional Considerations

Complicating factors include: Male patients, pregnant women, obstruction, immunosuppression, renal failure, renal transplantation, urinary retention from neurologic disease, uncontrolled diabetes, and individuals with risk factors that predispose to persistent or relapsing infection (e.g., calculi, indwelling catheters or other drainage devices). For males in which acute prostatitis is suspected, fluoroquinolones and TMP/SMX are preferred due to reliable penetration of prostatic tissue.

Reviewed by: Lauren Koscal, PharmD, BCPS Date: 7/2/2025
(PS62467)